

ASSESSMENT OF SOCIAL FUNCTIONING AT THE CHILDREN'S UNIT
OF EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE,
PHILADELPHIA, PENNSYLVANIA

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TO

Yvonne Anita Conner

You became the faith and the
strength that gave me courage.

You became the courage that gave
me strength.

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CHAPTER I

INTRODUCTION

Significance of the Study

This is the third of two succeeding studies to have been developed and effected by social work students of the Atlanta University School of Social Work, class of 1964. This study is designed to test the model for the assessment of social functioning. The assessment model was initially prepared by the Human Growth and Behavior and Research Committees of the Atlanta University, School of Social Work, Atlanta, Georgia.

It is expressed in the literature and generally accepted by social work practitioners that there is a recognized need in all social work to examine minutely all factors which contribute to the evolvement of a problem and further the defining process of the problem. Assessment, therefore, is important. It requires the worker to extract pertinent facts from a conglomeration of materials and to organize these facts into a coherent body of ideas, thus enabling better discernment of hypotheses and phenomena with which the worker is engaged. Assessment has been operative in social work in various terminologies for a long period of time; however, there continues to be considerable variation between the social work methods as to what it actually is and how it is to be employed.¹

¹Thesis Statement, Prepared by the Human Growth and Behavior and Research Committees, Atlanta University School of Social Work, Atlanta 14, Georgia, September, 1963.

Helen Perlman, contends that there is a recognized need for a conceptual scheme or model to be used in practice as one attempts to understand the individual.²

Werner Boehm has designated the importance of assessment by including it as one of the four core activities of all social work.³

Social work literature indicates that various elements of assessment are utilized by each of the social work methods, such as group work and community organization. Although a variety of terms are currently being used to describe what we refer to in this study as "assessment" the most commonly used term in casework is "diagnosis." Synonymously, used with our term "assessment" are: social history, analysis, evaluation, psycho-social diagnosis, study, diagnostic evaluation, anamnesis, programming and fact-finding. Mary Richmond, defines diagnosis as an attempt to arrive at as exact a definition of the social situation as possible. Investigation, or the gathering of evidence begins the process. She concludes that critical examination and comparison of evidence is the basis for interpreting and defining the social difficulty.⁴

Helen Perlman defines diagnosis as:

...the mental work of examining the parts of a problem for the import of their particular nature and organization for the interrelationship among them, for the relation between them and the means to their solution.

The argument for diagnosis in casework, then, to be precise is simply an argument for making conscious and systematic that which already is operating in us half-consciously and

²Helen Perlman, "The Social Casework Method in Social Work Education," Social Service Review, XXXII, No. 33 (March, 1959), 24.

³Werner Boehm, "The Nature of Social Work," Social Work, III, no. 2 (April, 1958), 17.

⁴Mary Richmond, Social Diagnosis (New York: Russell Sage Foundation, 1917), p. 51.

loosely. It is nothing more or less than bringing into conscious recognition that veritable swarm of intuitions, hunches, insights, and half-formed ideas that we call "impressions;" then scrutinizing them in the light of what knowledge we hold, selecting some as important, casting off others or placing them in our mental filing system for future scrutiny; then putting the pieces together into some pattern that seems to make sense...in explaining the nature of what we are dealing with and relating it to what should and can be done.⁵

It has been established by these two authors of different generations that the basic idea remains much the same, only the manner in which they express their definitions vary.

Florence Hollis states, that the only sensible approach to questions of...diagnosis in casework....is through asking ourselves: "What do we need to know in order to do the kind of job that casework considers itself responsible for doing?" In casework treatment, the nature of the problem, its causative factors, and the person's attitude toward the problem.⁶

Herbert H. Aptekar, views diagnosis as:

...continuing process, and not a preliminary fanfare to definitely fixed treatment.⁷

From Werner Boehm's book included in the curriculum studies, we can see how the term assessment is emerging into use in the casework method. Here he refers to assessment as one of the four core activities in the social casework method, and defines it as the identification and evaluation of these social and individual factors in the client's role performance which make for dysfunction, as well as those which constitute

⁵Helen Perlman, Social Casework (Chicago: University of Chicago Press, 1957), pp. 164-166.

⁶Florence Hollis, "Personality Diagnosis in Casework," Ego Psychology and Dynamic Casework, ed. Howard J. Parad. (New York: Family Service Association of America, 1958), p. 83.

⁷Herbert H. Aptekar, "Diagnosis: A Changing Concept," Reading in Social Casework, ed. Fern Lowry. (New York: American Book Company, 1939), p. 253.

assets and potentialities.⁸

Gordon Hamilton, concurs similarly with Werner Boehm's definition, indicating that the diagnostic process and procedure consists of both diagnosis and evaluation she postulates that:

The two are so closely related that some prefer to use the phrase diagnostic evaluation. More explicitly diagnosis is understanding the psycho-social problem brought to our attention by the client and evaluation is understanding the function of the person with regard to his problem, his capacities and the availability of outer as well as inner resources.⁹

It is evident by the variety and similarity of terminology used in social work to define the same process that there is a definite need for a theoretical frame of reference or model effecting an adequate assessment of social functioning.

Assessment, for the purpose of this study is defined as the identification and evaluation of those socio-cultural and individual factors in role functioning which make for social dysfunction as well as adequate social functioning.

With few, if any exceptions, assessment seems to be designed for the purpose of enacting treatment goals. There is an obvious need for the social work practitioner to have a working knowledge and understanding of the client and the client's presenting problem so that the most appropriate and effective individualized treatment method can be determined and effected. It is imperative therefore for the social worker to discern what is necessary in establishing a criteria for eliciting an

⁸Werner Boehm, The Social Casework Method in Social Work Education (New York: Council on Social Work Education, Inc., 1959), p. 47.

⁹Gordon Hamilton, Theory and Practice of Social Casework (rev. ed.; New York: Columbia University Press, 1951), p. 214.

adequate assessment.

Social work theory injects that there is specific information and knowledge that the social worker must be cognizant of to work effectively with clients. This knowledge primarily obtained from theory and experiences, broadens the theoretical scope, perspectives and promotes techniques and skills. It is understood that much of the social work theoretical knowledge is an integration of other disciplines; however, research, such as this assessment study, is setting a premise for our own scientific practice. The contribution of other theories and disciplines has promoted difficulties in social work assessment. The compartmental lines in social work education are accentuated by the diverse behavioral science roots to which each segment attaches itself.¹⁰ This diversity is made more complex by the variety of concepts used and the vagueness of the language. Unclear thinking and inadequate communication are inevitable with such ill-defined concepts.

Unfortunately, there is no universal agreement in the field of social work as to what factors assessment should encompass. Abrams and Dana include certain assessment factors in their discussion of social work rehabilitation.¹¹ Ruth Butler suggests that some of the components which are more readily accepted are motivation, competence in interpersonal relationships and patterns of adaptation. She emphasizes that the task of social work is to select the component which it sees as important to assess when evaluating one's potential for social functioning.¹²

¹⁰Harriett M. Bartlett, Analyzing Social Work Practice by Fields (Cambridge: National Association of Social Work, 1961), pp. 52-53.

¹¹Ruth Abrams and Bess S. Dana "Social Work in The Process of Rehabilitation," Social Work, XI, No. 4 (October, 1957), 12.

¹²Ruth M. Butler, An Orientation to Knowledge of Human Growth and Behavior in Social Work Education (New York: Council on Social Work Education, Inc., 1959), p. 53.

Harriett M. Bartlett has recently constructed a model which sets forth the elements in assessment in medical social work. Consequently, our assessment model is an attempt to identify the specific components in assessment (see Appendix A.).

It is recognized that there is much confusion in the field pertaining to the nature of assessment. However, it can be said that the process is used in all three social work methods. The literature indicates that the process is not referred to as "assessment" at all times, but that other definitions are used. These terms are defined differently in the three various social work methods and there is no set procedure within any one method. Despite these discrepancies, assessment is considered a definite process in rendering social work help and it requires further investigation and clarification.

Purpose of Study

The major purpose of this study is to test the model¹³ of assessment of social functioning prepared by the Human Growth and Behavior and the Research Committees of the Atlanta University School of Social Work by determining what data are included in social work assessment of social functioning. This purpose shall be initiated primarily by studying agency records where students were placed for their second year six months block field work placements. More specifically, this assessment study is designed to determine to what extent there is

¹³The kind of model referred to in this study involved the construction of a symbolic record for reaching decisions. It may be seen as "a way of stating a theory in relation to specific observations rather than hypotheses...the model structures the problem. It states (or demonstrates) what variables are expected to be involved." Martin Loeb, "The Backdrop for Social Research," Social Science Theory and Social Work Research (New York, 1960), p. 4.

correlation between assessment information acquired by various agencies, fields of practice and core methods, and the factors in the model.¹⁴

Method of Procedure

The beginning phase of this project will be initiated through the participation of 32 second-year students of Atlanta University School of Social Work, Atlanta, Georgia.

This study is a social work project, therefore, the data selected was taken from agency records which dealt with the rendering of social service. So that the data gathered would be characteristic of the agency's present records, this study utilized records that were closed within a one year span (June 1, 1962, through May 31, 1963). This lessened the number of records to be considered and gave a sample of the way in which assessment was currently being performed by the agency.

This researcher was the only student concerned with this project of testing the model for the assessment of social functioning at the Eastern Pennsylvania Psychiatric Institute, Children's Unit, Philadelphia, Pennsylvania.

The total number of closed cases between June 1, 1962 and May 31, 1963, was eighty-two, of these it was necessary to select five cases for the pilot study and ten for the actual study. Using the formula $K = \frac{82}{15}$ the width to the interval was five. Therefore every fifth case of an alphabetical listing was selected up to fifteen, and utilizing the same interval five cases were then extracted from this number to obtain the

¹⁴The "Model" does not imply the correct, approved, or ideal way of carrying on social work assessment. It is expected that assessment may vary according to agency, field of practice, core method, mode of recording, and other variables. Therefore no evaluation of agency records is intended, nor could such an evaluation be an outcome of this study.

pilot sample. Those remaining represented the cases employed for the actual study. Although the Social Service Department did not have its own records exclusively it was determined that all social service materials were included in the patient's clinical record which was divided into nine sections as follows: (1) identifying data and consent forms; (2) referrals; screening and intake data; (3) child's treatment; (4) Mother's treatment; (5) father's treatment; (6) psychological tests; (7) physical examinations; (8) adjunctive therapies; (9) correspondence. Social service concentrated primarily upon referral, application, intake and treatment of parents; therefore, these were the sections from which information needed for this assessment was extracted. As information was received from other agencies such as correspondence, abstracts, psychologicals and psychiatric evaluations which gave information regarding the family background, it was incorporated into the agency's descriptive narratives and summaries, or placed in its appropriate section.

Cases selected from the width of the interval both for the pilot study and actual study conveyed social service involvement from referral through treatment. Four of the ten cases were referred to the agency for diagnostic evaluations only and were closed when the evaluation had been completed. These cases were used because there was a considerable amount of social service involvement in the process of referral, intake, application and correspondence and since the agency was a diagnostic center the researcher decided not to limit the samples only to cases that had moved into treatment. Further, these cases gave indication of the agency's philosophy on assessment. The remaining six cases were carried through treatment and terminated when further services were no longer indicated. Extractions were taken primarily

from the social service section of the record which had been handled exclusively by the social worker. Psychological material was in a few instances used since it sometimes became necessary for the social worker to request psychological tests on the parents before the evaluative study could be completed and adequate planning and treatment could be implemented.

Perspectives and Limitations

The six months advanced block field work commenced on September 5, 1963, and terminated on February 28, 1964. During this interval the researcher read and extracted data from fifteen of the agency's clinical records, ten of which were used for the completion of this assessment study.

This venture was the researcher's first experience in a concentrated collection of data and it is indeed possible that this attempt resulted in some error and bias; although, the researcher endeavored to exercise objectivity at all times.

The researcher was to be concerned with utilizing that part of the agency's records which concentrated upon rendering social services. As previously mentioned the Social Service Department did not have its own exclusive records, but rather a section of the agency's clinical records as did the other agency disciplines. This, therefore, limited the incorporation of the other disciplines materials within the social service narratives. It would appear that this incorporation would have conveyed further insight and clarification and would have portrayed a unique representative sampling of the agency's philosophy of assessment and social functioning.

CHAPTER II

History

The Eastern Pennsylvania Psychiatric Institute is an ultra-modern mental health state facility. It was expressly created by an Act of Legislature in 1949, to provide a psychiatric training and research center to explore the etiologies of mental illness. The facility offers psychiatric treatment to patients who are selected for their special symptomatology, dynamics or concepts suitable to research and training. The plaque located in the main lobby with its inscription, "For Healing, Research and Education"¹ gives an apt assessment of the Institution's focal point.

Dedicated on May 16, 1956, this ten story structure is situated on a nineteen acre tract of land located in metropolitan Philadelphia. The building is comprised of the adult residential unit, the adult out-patient clinic and laboratory facilities for basic and clinical research and the Children's Unit which is a three story wing connected to the main building by corridors. The Eastern Diagnostic and Evaluation Center is a seven story building connected to the Children's Unit and Adult Unit by subbasement corridors; however, the Eastern Diagnostic and Evaluation Center is an independent state agency.

The researcher's six month student field work placement was with the Children's Unit; therefore, our primary concern and descriptive

¹The Call, "EPPI - For Healing, Research, Education," Vol. XXI, No. 1 (Philadelphia, Pennsylvania: Spring, 1963), pp. 7-12.

analysis will be of the Children's Unit.

The Children's Unit is concerned with studying the causes and various approaches to the problems of mental illness in children and their families and exploring and implementing methods of treatment for their social and emotional difficulties. The agency is also concerned with the professional training of various disciplines, e.g. psychiatry residents, psychological interns and student psychiatric social workers. The Unit has enacted a variety of programs which encompasses in-patient, day care, and out-patient facilities. It consists of a 12 bed facility (of which ten beds were being used): This comprised the In-Patient Unit which accommodated the more seriously disturbed children who required close supervision and whose emotional condition necessitated residential treatment. There were ten children ranging in ages from five to eleven needing residential or custodial care. The In-Patient Unit was originally planned to house children upon whom special studies were being conducted, for example, children who were suffering from anorexia nervosa. When these children left the Unit others were taken for short-term research purposes. Currently, it became necessary for some in-patient children to be referred to other institutions for long term custodial care. These were children whose prognosis had remained poor over an extended period of time and who, because of their disturbances, could not return home. Those who can gradually return to their homes will then become day treatment children. The Day Care program was conducted on a closed ward. These children were transient in nature as they came to the Unit five days per week and returned home every afternoon. They were considered too emotionally disturbed to attend school within the community and needed a special

structured program devised to promote their social and academic functioning. Many of these children were being seen by a resident psychiatrist for individual play therapy. The Half-Way-House was an open ward having a capacity for fifteen children from ages eleven through sixteen. These children also came to the Unit five days per week and returned home in the afternoon. Many of these children were seen in individual therapy by a resident psychiatrist. The Nursery School group was composed of five children ranging in age from 4 1/2 to seven years of age. They attended play group therapy with an activity instructor four mornings and two afternoons per week. Some of the nursery group children were receiving instructions in reading readiness from a unit teacher. The Keystone Preparatory School accommodated eight children whose emotional difficulties had deterred their learning, although they are of average or better intelligence. These children ranged in age from eleven to fifteen years old. All of these children are seen in individual therapy by a psychiatrist, psychologist or a senior psychiatric social worker who was closely supervised by a psychiatrist. The focus was to enable these children eventually to return to public schools or to prepare them for vocational training programs within the community.

There was an Out-Patient Clinic which serviced children whose disturbances were not severe enough to prohibit them from living at home and attending regular public school. They attended the clinic once or twice a week depending upon the nature or extent of their emotional difficulties. They are seen in individual therapy by either one of the three above mentioned disciplines. The parents were most usually involved in individual therapy with the psychiatric social worker. However, a few of these parents were in treatment with a

resident psychiatrist or psychologist. Some family therapy was being conducted by a psychiatric social worker and psychiatrist jointly. A parents group was in the process of being re-activated on March 3, 1964. The focus of the parents group was to encourage the parents of children in day care and half-way-house to express their common concerns and interests related to their children with emotional problems. Several years ago, these parents met in two separate groups; currently all of the parents are not being included as they were in the past. Parents whose children have the poorest prognosis or parents who need only individual therapy and could not, for various reasons, accept a therapeutic group have been eliminated from the re-activated group. Formerly, there had been also a parents' out-patient group which lasted approximately one-and-a half years. Selected were those parents for whom it was felt that a group process orientation would be more helpful and less threatening than individual treatment. The focus was educative and didactic in nature. Interestingly, the group's participants were mostly fathers and four mothers discussing their roles as parents and their feelings about their neurotic and behavior problem children.

Both in-patient and out-patient, children, the latter being the largest group served, were referred to the Institute from various social agencies, schools and private practitioners within the community. Patients were selected from the referred group according to their etiological dynamics suitable for the research and training programs which were currently in progress. Consideration was also given to the individual's potential to adapt to the children already in residence and the availability of psychiatrists, psychologists and psychiatric social workers to afford treatment. The type of treatment offered in

each facility had its uniqueness and similarities and was specifically geared to the individual child and his needs. A child in treatment may have had one or varied combinations of services suggested by the team, e.g., individual psychotherapy, a group situation, special education, occupational, recreational, or art therapy. Basically, the patients selected for residential care, day care, half-way-house, and the nursery group suffered varying degrees of disturbances in varying degrees of severity. The patients in the Keystone School group functioned relatively well under close supervision and a combination of a structured and permissive environment. Their emotional problems had impaired their ability to learn, thus resulting in a learning problem which necessitated their being subjected to a special educational program.

Psychological services were usually prescribed for the patient and requested for the parents when their emotional difficulties indicated a close interrelation with the patient's problem.

The Children's Unit was an accredited facility of the American Association of Psychiatric Clinics for Children for training in child psychiatry. Included in the program were full-time residents, medical students and resident psychiatrists from other state hospitals, clinical psychologists, psychological interns and fellows. All of these disciplines were engaged in studying courses, trends, and techniques derived from research to promote training. The Institute was also a training facility for psychiatric social work students from Atlanta University, Atlanta, Georgia, and Bryn Mawr College, Bryn Mawr, Pennsylvania. Pre-social work training for students interested in social work as a career was also offered as a part of the training

program. There was an In-service training program for the Institute's child care workers and Antioch College co-op students.

Administratively, the Children's Unit was under the auspices of an Assistant Director, who was directly responsible to the Director of the Institute. There was in addition a Clinical Director, a Chief-Psychiatrist for In-patient service, the Departmental Heads of Psychiatry, Psychology, Social Service, Nursing and the Unit Coordinators. There was a supervising psychologist, social service supervisors, residents, psychiatric social workers, psychology fellows, and psychiatric social work trainees, Antioch College co-op students, nursery teachers, activity leaders, child care workers, art and occupational therapists.

Research was being executed in the Institute's three major disciplines of training and there were qualified staff members to render research assistance to the investigating researchers.

Treatment was one of the major aspects of the agency's function. Since the agency was child-centered it stood to reason that the child was the primary patient and the focus was on his treatment. The parent's therapy was a most important factor in the treatment of the child. The parent was helped to focus upon the causal factors of their child's difficulties, learning effective modes of approaching the child's problem, understanding the child with his problem and exploring with the parents their child rearing practices. Great emphasis was placed upon assessing and helping the parent to gain an awareness of his own emotional difficulties and to modify or work through them. The parent was made cognizant that his difficulties may well be contributing factors to the child's problem and serve as a deterrent to the child's treatment processes.

A case that was accepted by the agency for treatment was serviced by the interdisciplinary approach. More specifically, a case from referral through termination was handled by a team whose understanding, skills and techniques served as a tool, enabling the patients, through treatment, to achieve their maximum level of psychological, social and academic functioning; or helped the patient to adjust and work within his limitations. There was a rather clearly defined line of demarcation for each discipline or team member. Usually the psychiatric social worker did the intake study of the parents. However, at times there was an interchange of responsibilities. Occasionally a resident psychiatrist or psychologist did the intake study to gain knowledge of the intake process and procedure. The psychologist dealt primarily in psychological testing, but occasionally saw some children and parents in individual psychotherapy for training purposes. The psychiatrist usually treated the child, but here again, might see the parents in therapy. The psychiatric social worker conducted casework therapy with the parents of children in treatment. However, there were four psychiatric social workers who were also seeing children in individual therapy.

Initially all referrals made from the community were received through Social Service Department. The referral team consisting of the Director, Clinical Psychologist, Director of Social Service and the Referral Psychiatric Social Worker of the current month decided whether the case dynamics were suitable for training and research purposes. If so, the case was then accepted for further assessment. A psychiatrist, when requested and where indicated conducted a screening interview with the parents and child at which time it was decided

whether the case was to be accepted for complete intake study. Upon being approved the case was then referred to a psychiatrist for the evaluation of the child and the parents were referred to the psychiatric social worker for evaluation. The psychologist tested the child and parents if the team felt that testing the parents would be helpful in evaluating and diagnosing the child. In the interim, hospital records, school reports, birth records, abstracts from other agencies that the family had been known to, were requested and evaluated. With the completion of the evaluative study, the findings were presented by the team at a Staff Intake Conference usually chaired by the Director. All staff members were present during the case presentation and helped evolve or determine the disposition. It may have been decided during the case conference that the case should not be accepted for treatment due either to the parents' or child's lack of motivation for treatment, or a lack of clinical facilities and personnel to service the child and his family. Whether the case was to be accepted or not a team meeting was scheduled for further clarification of plans, goals, and manner in which the family was to be approached at the Family Conference. As shortly after the Staff Intake Conference as possible the Family Conference was conducted by the team members having done the Intake Study with a Senior Staff member acting as chairman. The purpose was to share with the family the team's findings and recommendations and to explore the family's motivation or lack of same to become involved in treatment. If the case was not to be accepted other community resources and facilities were suggested and the agency would refer the family to the suggested facility if the family so desired.

When a case was taken into treatment, the team met at various

intervals during treatment to collaborate and assess progress or the lack of progress and to deepen diagnosis in the case situation. The psychiatrist shared the progress that the individual child was making in therapy. The psychiatric social worker informed the team of the parents' progress. New developments which may have occurred in the home and school situations were discussed. The current treatment plan and goals were evaluated for their effectiveness and if the need was indicated, new recommendations were offered for implementation.

The Agency's Philosophy of Assessment

The agency's philosophy of assessment was easily discerned through its methods of exploratory and evaluative studies, upon which diagnosis, prognosis, and the treatment plan were equated. The agency adhered to the psychoanalytic concept, "that the adult personality is gradually attained through an orderly developmental sequence and process of maturation. In this process of maturation each successive step normally emerges into a 'higher' one until the mature socialized personality evolves."² Emphasis is placed upon determining the cause of psychosexual and psycho-social fixations and to eliminate or modify these so that the child may mature to his fullest capacity. This gives evidence that the agency believes that the individual can be adversely influenced by his environment. Similarly, one's physiological, neurological, biological and psychological make-up, if not functioning properly, can retard maturational growth and development thus the individual's social functioning is impaired. The ego defective,

²Genevieve Hill, Class Lecture, Human Growth and Behavior, Atlanta University, School of Social Work, (Atlanta, Georgia: October 24, 1960).

psychotic and brain damaged child offers still another complicated and challenging facet for the agency to research.

Children that were accepted by the agency for evaluative purposes or treatment were examined by the psychiatrist. Through this medium the nature and extent of the child's problem was determined as to whether the child suffered from a neurosis, psychosis, behavior disorder, brain damage, organicity, and/or mental retardation. Variations of these disorders were often discovered such as in cases where organicity and retardation might be secondary to an emotional disorder. It was the agency's practice not to accept children whose primary problem was that of retardation and organicity since these disorders do not respond to psychotherapy based upon psychoanalytic concepts and frame of reference. Delinquent children, children suffering from sociopathic personality disorders, as well as children whose parents were not amenable to case work treatment were not suitable for the agency's therapeutic program, therefore they were not accepted. Children who were accepted for treatment were usually those who were neurotic, psychotic, autistic or behavior problems. Children with situational reactions to childhood or adolescence, epileptics and mild brain damage were occasionally accepted for learning purposes.

Current research and training needs for the social workers and psychiatrists, availability of personnel for therapy, and vacancies in the various day treatment programs were the primary factors determining whether a child was accepted for treatment. Although the psychiatrist was concerned with formulating his diagnosis from the intrapsychic factors affecting the child's behavior, the child's developmental history obtained by the psychiatric social worker from the parents, was used by

the psychiatrist as a frame of reference in evaluating the child. All children were given physical, psychiatric and neurological examinations during their diagnostic and evaluative periods. EEG's were often requested and skull X-rays when needed. The neurological and psychological tests were sometimes repeated later in treatment upon staff recommendations. This was the agency's method of re-assessing the child's progress and assuring that the correct treatment plan was being utilized to enhance the child's social functioning.

The psychiatric social worker took a social history of both parents during the diagnostic and evaluative period. Other significant relatives were involved when this need was indicated. Information obtained from the parents regarding their background included the following: primary relationships with their own parents and siblings; educational history; sex education; medical history; personality development; work history; courtship and marriage; sexual adjustment; feelings about parenthood; current situation inclusive of their feelings and understanding of their child's illness; child's relationship to his siblings; why parents are seeking help at this time; and the extent in which they were willing to become involved in treatment themselves. After gathering this pertinent information the psychiatric social worker was then ready to formulate a diagnostic evaluation unique to the parents, reflecting their attitudes and modes of adjusting to both stressful and non-stressful situations enacted upon them by their environment. This information was considered ample to equate the parents social functioning and dysfunctioning, to determine the prognosis of the case and tentative relationship that the parents would likely make with their therapist. It also gave indication of the parent-child rela-

tionship and provided the premise upon which a tentative treatment plan was developed for child and parent.

In summary during the researcher's six months experience with the agency we were made cognizant of the agency's philosophy of assessment. The agency continuously evaluated their services through the participation of its staff members in supervisory consultations, team meetings, staff treatment conferences, family conferences and ward conferences. Seminars were among the methods used by the agency for constant assessment of cases, evaluation of progress and changes of treatment plans, where indicated. The agency was constantly attempting to meet the training needs of their staff and endeavored to meet the therapeutic needs of their clients. Our test model served to convey that the agency adhered to the majority of the means of assessment contained within the test model. The emphasis placed upon factors of significance in planning and executing treatment, further exemplified the agency's belief that, "assessment is a method of evaluating personality in which an individual, living in a group under partly controlled physical and social conditions, meets and solves a variety of lifelike problems, including stress problems, and is observed and rated by a team of observers."³

³English and English, A Comprehensive Dictionary of Psychological and Psychoanalytical Terms (New York: Longmans, Green and Co., 1958), pp. 43-44.

CHAPTER III

Analysis and Content of Data

The purpose of this chapter is to analyze the raw data which have been collected from ten clinical records while the researcher was on his six month block field work placement at the Children's Unit of Eastern Pennsylvania Psychiatric Institute, Philadelphia, Pennsylvania. The researcher read the designated closed records and extracted data that gave an indication of the agency's assessment of their client's social functioning. This data was then entered as excerpts on the schedules under the appropriate factors discussed.

The Research Committee of Atlanta University School of Social Work and class of 1963, had designed an (Assessment Schedule*) to be utilized for analyzing the data entered on the schedule by the researcher. The assessment schedule forms the basis for the analysis of data to follow.

Unless otherwise indicated, the definitions given for each factor falling under the personality and socio-cultural aspects were formulated by the above mentioned Research Committee and students of the graduating class of 1963.

Personality Factors

Perhaps we should devote some attention to the connotation of

*See Assessment Schedule contained within Appendix A.

personality. What is it, and how is it derived?

According to Hall and Lindzey, personality is:

...the sum total of the actual or potential behavior patterns of the organism, as determined by heredity and environment; it originates and develops through the functional interaction of the four main sectors into which these behavior patterns are organized: the cognitive sector (intelligence), the conative sector (character), the effective sector (temperament) and the somatic sector (constitution).¹

Our assessment of personality carries us far beyond the four above mentioned sectors; however, the definition serves as a frame of reference for the basis of personality.

Innate or Genetic Potential

Intellectual Potential.---For the purpose of this assessment study intellectual potential was defined as the degree of adequacy to function in situations that require the use of the following mental activities: (a) perception, the conscious awareness of the relationship between events and/or objects; (b) the ability to deal with and use symbols; (c) the overall ability to mobilize resources of the environment and experiences into the services of a variety of goals; (d) that which can be measured by an IQ test.

| <u>Classification</u> | <u>Incidence</u> |
|---|------------------|
| Perception | 14 |
| Use of symbols | 4 |
| Mobilization of environmental resources | 8 |
| Tests and measurements | 2 |
| Total | 28 |

¹Calvin S. Hall and Gardner Lindzey, Theories of Personality (New York: John Wiley and Sons, Inc., 1957), p. 383.

Eight cases contained three excerpts each pertaining to intellectual potential and two cases contained only sufficient data to extract two excerpts each. This appears to be an adequate representation of the agency's assessment of social functioning. It appears that the agency places emphasis on the individual's ability to derive satisfaction or gratification from a physical stimulus and from the behavior the stimulus affords. Perception is derived from the cognitive factors, thus the client has the ability to use help directed towards helping him to correct his problems in social living and to promote his capacity for continued growth. Perlman states that the:

...ego's protective functions are activated immediately with a perception that records "danger." They normally operate to give the personality time and place to fence and reorganize itself in order to cope with a feared or actual assault; but these protective functions which arise as a result of faulty perception can lead only to faulty adaptation.²

"Faulty perception," then, would hinder the individual's adaptive mechanism and deter treatment methods and goals leading to adequate social functioning. There was a wide variance between Perception and tests and measurements. This does not mean that the agency didn't place importance on test and measurements, but rather, other criteria were also used to determine the client's ability for social functioning. An example of an excerpt found under the classification of perception was "She was prone to temper tantrums from the beginning realizing that it always got her what she wanted."

Basic Thrusts, Drive, and Instincts.---This factor was defined as tendencies present or incipient at birth, to respond to certain stimuli

²Helen Perlman, Social Casework, (Chicago: University of Chicago Press, 1957), p. 85.

or situations; the innate propensity to satisfy basic needs, e.g. food, shelter, love, security.

| <u>Classification</u> | <u>Incidence</u> |
|-------------------------------------|------------------|
| Motivation for attainment of goals | 9 |
| Satisfaction of physiological needs | 9 |
| Satisfaction of emotional needs | 11 |
| Total | 29 |

Nine cases disclosed three excerpts each for the factors Basic Thrust, Drives, and Instinct, and one case had merely two excerpts. There was no wide variance of data which seems to indicate that the agency placed significance upon all three classifications to assess adequate or inadequate social functioning.

The researcher's review of the literature revealed that:

Instincts are the forces that shape the life of individuals and societies and are most frequently described as an innate disposition which determines the organisms ability to perceive or to pay attention to any object of a certain class, to experience in its presence a certain emotional excitement and to act or have an impulse to action which finds expression in a specific mode of behavior in relation to that object.³

In mental illness which has no definite organic pathology, the precipitating factors in the illness centers around the meeting of some basic need, drive or instinct. Thus, if the social worker in a psychiatric setting is to have any degree of success in treating his client he must be able to determine the unmet needs of the client as well as those needs which are being adequately met.

Satisfaction of emotional needs was the factor found to dominate the other two classifications which implies the individual's instinctual

³Morris L. Haimowitz and Natalie Reader Haimowitz, "Identity and Interpersonal Competence," Human Development (New York: Thomas Y. Crowell Company, 1960), pp. 55-56.

needs and basic drives are in securing satisfactory emotionality. An excerpt under this classification was: "He never expresses anger at his parents and seems to crave their affection."

Physical Potential.---This implies general physical structure, size, skeleton and musculature; racial characteristics; bodily resilience and resistance.

| <u>Classification</u> | <u>Incidence</u> |
|---------------------------|------------------|
| Physical Characteristics | 10 |
| Temperament | 8 |
| Energy and activity level | 6 |
| Resilience and resistance | 5 |
| Total | 29 |

A problem is difficult of resolution when the person who has it is depleted or drained of emotional or physical energy. He needs to mobilize himself...and energy is essential to such mobilization... when a person has struggled with conflicts and has found them too much for him, the person's capacity...to think clearly, or to organize himself to do something may be at low ebb. In these circumstances it may be necessary for the caseworker to provide such physical or psychological supports as will restore the person's equilibrium before he can begin to face up to and tackle his problem.⁴ The most data collected was pertinent to physical characteristics, which had ten incidences of data followed by temperament which had eight incidences of data. Information regarding the client's physical potential was readily accessible in the agency's clinical record. This appears to indicate that the agency placed importance upon the client's physical health and viewed it as an attribute which would serve to enhance social

⁴Helen Perlman, op. cit., pp. 55-56.

functioning. The following is an example of an excerpt found under physical potential: "He is a sturdily built lad who is energetic, impulsive and who will not heed warnings of either parent."

Physiological Functioning.--This is defined as a description of bodily function, normal and abnormal, health or illness according to the stage of development and effect it has on social functioning.

| <u>Classification</u> | <u>Incidence</u> |
|--------------------------|------------------|
| Bodily function | 13 |
| Health-Illness continuum | 16 |
| Total | 29 |

Inherent in the structure of the...living organism is an impulse toward growth. This is self-evident so far as the physical development of the organism is concerned, probably it is equally true of the psychological structure. The growth impulse both physically and psychologically is toward maturation. No yardstick is available to measure accurately the rate of emotional growth of the individual comparable to those available for measuring physical growth.⁵ There were sixteen instances of physiological functioning under the classification of health-illness continuum. During the evaluative process the social worker explored with the parents various etiologies which existed in their individual families. This gave some indication of the effect the disease had, or may have upon the individual's social functioning. The agency required physical examinations for all children who were excepted for treatment. An example of an excerpt found for physiological functioning was: "His only childhood disease was the measles which he had twice but quickly recovered."

⁵Irene M. Josselyn, M.D., The Adolescent and His World (New York: Family Service Association of America, 1960), p. 16.

Ego Function
(Intra-Psychic Adjustment)

Identifiable Patterns for Reacting to Stress and Restoring Dynamic Equilibrium.---This factor refers to adaptive or defense mechanisms, e.g. repression, sublimation, denial displacement, regression, reaction function, etc.

| <u>Classification</u> | <u>Incidence</u> |
|-----------------------|------------------|
| Adaptive mechanisms | 15 |
| Defense mechanism | 15 |
| Total | 30 |

Annette Garrette describes the function of the ego as "Stop, look and listen!" The ego receives stimuli from the id, from external reality, and from the superego....Thus, from birth onward, the ego develops methods of dealing with chaotic drives, external danger, and superego prohibitions. In brief, the ego: (1) thinks of consequences, (2) anticipates things that haven't happened, and (3) works out solutions. Its guide in working out these solutions is the avoidance of pain.⁶ Coleman refers to adaptive reactions as representing direct ways of dealing with stress by doing something to modify or change the stress itself. The basic adaptive patterns are attack, withdrawal and compromise. All other patterns are referred to as defense mechanisms.⁷

Fifteen excerpts were found under the classification of adaptive mechanisms and fifteen excerpts were found under defense mechanisms. This similarity is significant since it conveys the agency's premise

⁶Annette Garrette, Modern Casework: "The Contributions of Ego Psychology," Ego Psychology and Dynamic Casework, ed. Howard J. Parad, (New York: Family Service Association of America, 1958), p. 43.

⁷James C. Coleman, Abnormal Psychology and Modern Life (Chicago: Scott, Foreman and Co., 1956), p. 84.

that ego functioning is an important assessment factor in all three of their major disciplines of practice. It is also felt that if the social worker is to provide professional assistance to an individual with a problem, he must be able to discern the individual's most effective mechanisms for coping with his environment, as well as those mechanisms which are least effective, inadequate or of no value to the individual in enabling him to adjust to his environment. Examples extracted from the records to portray adaptive mechanisms and defense mechanisms are as follows respectively. "...child seems to be moving in the direction of improved relations with his siblings." "...when his defenses fail he attempts to fall back on inhibition as an alternative safeguard."

Internal Organization of Personality.--This is defined as the degree of organization of parts of personality such as id, ego and superego into a whole; personality integration, e.g. flexibility vs. rigidity of ego function, capacity for growth.

| <u>Classification</u> | <u>Incidence</u> |
|-----------------------------------|------------------|
| Personality (organization) | |
| integration | 13 |
| Capacity for growth - flexibility | |
| vs. rigidity | 15 |
| Total | 28 |

Endowment is composed of an inherent physical and psychological constitution, genetically derived and relatively fixed. Endowed capacities of an unusually rich nature give no assurance by themselves that they will enable the person to realize his full potential for social functioning; conversely, a person with serious limitations of endowment may, with environmental reinforcement, reach an unexpectedly

parents problems were of such a nature and intensity that it was imperative that attention be focused upon helping them to work through their problems before they were able to concentrate upon any problems out side of self. Parents who have unmet needs of their own, often unconsciously block treatment goals and progress of their children, until their own dependency needs are met. Much can be learned of a parent's maturity when the worker is cognizant of how these parents have handled stressful situations in the past, how long have they waited prior coming to the agency for help, what motivated them to seek help at this particular time? The characteristics of maturity have been defined by Saul (1947) as follows: (1) predominance of giving and productivity, although with the capacity to receive normally; (2) lack of egotism and competitiveness; (3) a well integrated conscience which furthers development; (4) hostility toward self and others minimal but freely available for defense and constructive use; (5) freedom from childhood patterns of reaction and hence full capacity for discrimination and adaptability.⁹ An example of an excerpt classified under stage development was, "...he was a smooth, assured suave individual who seemed sincerely interested in getting help for his child."

Self-Image.---The dynamic evaluation of oneself, it can be described by (1) the objectivity with which he views himself; (2) sense of identity as manifested by his role performance; (3) self-confidence or sense of one's capacities; (4) sense of meaning or purpose; philosophy of life.

⁹Edward Weiss, M.D. and O. Spurgeon English, M.D. Psychosomatic Medicine, (Philadelphia, Pennsylvania: W. B. Saunders Company, 1957), p. 37.

effective level of social functioning.⁸ This adheres to the agency's philosophy and consideration given to the individual's capacity for adequate maturation or maturation within the individual's limited abilities. If it is felt that the individual cannot respond to the therapeutic milieu offered by the agency the case is not accepted but referred to another agency for service, if the parents so desire. Fifteen excerpts were found for the classification of capacity for growth - flexibility vs. rigidity. An example of personality (organization) integration extracted from the data was, "...has put forth an effort to adjust to his new setting, he no longer whimpers and cries upon leaving his mother."

Degree of Maturity.--The extent of social, emotional, intellectual and physical development toward maximum potential, defined by society on the basis of norms for various age levels and reflected by one's role performance and/or behavior pattern.

| <u>Classification</u> | <u>Incidence</u> |
|-----------------------|------------------|
| Stage of development | 22 |
| Role performance | 7 |
| Total | 29 |

The researcher found that most of the data under this factor were classified under stage of development. This observation would seem to imply that more work was being exercised with the parent individually, rather than working with the parents in connection with their child's difficulties. The researcher cannot agree with this observation in total. In reality it was found in many instances that the

⁸Ruth M. Butler, An Orientation to Knowledge of Human Growth and Behavior in Social Work Education, (New York: Council on Social Work Education, Inc., 1959), p. 32.

| <u>Classification</u> | <u>Incidence</u> |
|---------------------------------------|------------------|
| Objective (self-awareness or insight) | 10 |
| Sense of identity | 7 |
| Self-confidence | 3 |
| Sense of meaning | 8 |
| Total | 28 |

There were ten factors of self-images found under the classification of self-awareness and insight. If the child or parent lack insight and self-awareness the various agency disciplines endeavor to enact a treatment plan to enhance the individual's self-awareness and insight which might well encompass a wide range of efforts. It is necessary for the social worker to study his client's situation, personality and needs and his client's abilities and capacities for withstanding anxiety before deciding upon what treatment to offer the client. In the conception of the competent personality...several essential elements are worth noting; (1) clarity of the individual's conception of self (identity); (2) the degree to which he is capable of being self-directed and self-controlled in his actions; (3) his confidence in and reliances upon himself; (4) the degree of self-respect he maintains.¹⁰ An example of self-awareness or insight was, "They commented that it was not until her third child that she really became a mother, felt some connection with her children and began to breast feed them."

Patterns of Interpersonal Relationships and Emotional Expression Related Thereto---This factor is defined as the reciprocal relationships between individuals in social situations and the resulting reactions, e.g. acceptance rejection, permissiveness, control, sponta-

¹⁰ Morris L. Haimowitz and Natalie Reader Haimowitz, op. cit., p. 58.

neity, flexibility, rigidity, love, hate, domination, submission, dependence, independence, etc.

| <u>Classification</u> | <u>Incidence</u> |
|---|------------------|
| Formulation of reciprocal relationships | 14 |
| Involvement in social situations | 13 |
| Total | 27 |

There was a close proximity in the amount of data found under the classification of formulation of reciprocal relationships and involvement in social situations. The agency was interested in the individual's abilities and capacities for performance under both factors so as to adequately access the individual's social functioning. The social worker was involved in enabling parents to better understand and accept the various patterns of interpersonal relationships within their family setting. Also, emphasis was placed upon the effect that the parent's personalities had on individual family members in either a positive or negative way. Perhaps the primary capacity in being able to use help of another is that of being able to relate to another... A capacity for relationship may be validly accessed only when the workers demonstrates himself to be a receptive, responsive, empathic, helpful "relater,"...The whole person relates, and so his body positions, his facial expressions, his emotional tone, and his verbal responses - all these and more give evidence of whether his essential movement is toward people, away from them, or against them.¹¹ An example of an excerpt found for formulation of reciprocal relationships and involvement in social situations is noted respectively, "He denied and covered up his own inadequacies as he tried to give a careful but

¹¹Alfred McClung Lee, Principles of Sociology (New York: Columbia University Press, 1955), p. 147.

limited picture of his difficulties." ... "is active in all school activities and is now president of his class."

Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms

To each individual culture comes from without....inevitably the child acquires the mode of life of the group into which he is born. In all essential human traits the person is a product of the group and its mode of life. The habit patterns learned in the life of the group make difficult the formulation of new habits.

| <u>Classification</u> | <u>Incidence</u> |
|---|------------------|
| Acceptance - rejection (attitudes) | 12 |
| Conformity - non-conformity (behavior) | 13 |
| Total | 25 |

The data found under these two categories were nearly equal in its distribution. This indicated to the researcher that these two factors were considered equally important by the agency in assessing social functioning. Indeed the functioning of an individual cannot be accessed with validity apart from his culture. The worker must be able to discern what changes the individual is capable of without creating discrepancies within the individual's cultural-norms. An example of excerpts classified under conformity - non-conformity was "My parents don't understand the needs of a girl growing up, they want to raise me like they were raised."

Socio-Cultural Factors

The second phase of the Assessment Model is devoted to the socio-cultural factors which govern an individual's behavior as does personality factors. The ideals, values and customs intrinsic to the organization of society constitutes the fabric for the individual's social

life, and the actual basic values and standards by which people live. These may be modified and reinterpreted under the stimulus of new knowledge, events and a variety of factors. The specific form in which they are expressed will also vary with the individual, at any time in any culture.

Cultural Derivations

Belief.--This has been defined as the prevailing attitude or conviction derived from the culture; acceptance of something as true, by reason of sentiment or rational conviction rather than positive knowledge. Such beliefs determine an individual's thinking about feelings, customs, and patterns of behavior, etc.

| <u>Classification</u> | <u>Incidence</u> |
|-----------------------------------|------------------|
| Reasoned - unreasoned continuum | 16 |
| Implications for role performance | 8 |
| Total | 24 |

Sixteen excerpts were found under the classification of reasoned - unreasoned continuum. The agency is cognizant of the fact that to a great extent an individual's beliefs determines his thinking, feelings, customs, and mode of behavior. This gives the social worker an indication of how the individual conforms or doesn't conform to the norms of his group. This awareness enables the worker to enact a tentative treatment plan for the individual which will not be overtly threatening to his beliefs, thus creating an additional problem. An example of an excerpt classified under reasoned - unreasoned continuum was, "Mother states that they lived in a Catholic neighborhood and had been convinced that the rhythm method was appropriate."

Value.--This is defined as the believed capacity of any object to

satisfy a human desire, any object (or state of affairs, intangible ideal) of interest. Social values are those which are commonly internalized by members of the system or sub-system to which members conform in their behavior.

| <u>Classification</u> | <u>Incidence</u> |
|----------------------------------|------------------|
| Regulation of individual conduct | 12 |
| Internalized acceptance | 13 |
| Total | 25 |

The researcher set up a classification for the factor value since beliefs and values were to be handled separately instead of jointly. Perusal of the literature indicates that values are considered a cultural inheritance.

Here belong the patterns of behavior, of reasoning and of feelings which we are taught from infancy on, and which we take so completely for granted that we notice the very existence of these patterns only when we come into contact with people who have inherited different patterns.¹²

An example of an excerpt for the classification (originated) internalized acceptance was, ... "Mother wanted her to have an abortion feeling that it would be better than to worry at such an early age."

Activity Patterns.---This is defined as the standardized way of behaving, under certain stimuli or in certain interactional situations, which is accepted or regulated by the group or culture.

| <u>Classification</u> | <u>Incidence</u> |
|---|------------------|
| Acceptable - non-acceptable continuum | 11 |
| Relationship effect on primary or secondary group relationships | 14 |
| Total | 25 |

¹²L. C. Dunn and Thomas Dobzhansky, Heredity Race and Society, (New York: The American Library, 1960), p. 36.

The researcher found that fourteen incidences of data were found under the classification of relationship effect on primary or secondary group relationships. This seems to indicate that the agency is concerned with the individual's ability to formulate relationships with his family members and individuals within the community. Through this medium the agency is able to discern the effect that the individual's personality has upon others and whether hers is accepted or rejected by others. Levine states, that in our

complex society an individual must acquire considerable knowledge about behavior and attitudes that are permissible and those which are discouraged or forbidden. These learnings are communicated not only by parents but by peer groups, schools, law enforcement agencies and they include knowledge of society's rules, regulations and law. The laws essential to the protection of health and safety are adhered to by most persons and less explicit regulations called folkways and mores carry considerable weight for they relate to the behaviors considered socially proper and desirable even though they are not legally enforceable.¹³

An example of an excerpt for relationship effect on primary or secondary group relationships was, "Although she quarreled with her mother frequently, she would phone her mother daily to see how she was."

Social Structure and Dynamics

Family.--This is defined as a social group composed of parents, children, and other relatives in which affection and responsibility are shared.

| <u>Classification</u> | <u>Incidence</u> |
|------------------------|------------------|
| Composition | 15 |
| Interactional patterns | 14 |
| Total | 29 |

¹³Louis S. Levine, Personal and Social Development (New York: Holt Rhinehart and Winston, Inc., 1963), p. 413.

A family reflects the morals, values and behavior patterns of the particular culture in which it exists. No two families are exactly alike. Each family pattern derives from the interaction of the distinctive personalities involved. Moreover, the family is considered the most influential determinant of an individual's future mental health.¹⁴

Rarely would the agency accept a case if both parents could not become involved in the treatment process of the child simultaneously. The child, an integral part of his primary group, was not expected to shoulder the full responsibility of his difficulties. The parents, who played a most important part in the child's difficulties were expected to enter into treatment in an attempt to affect change in the parent-child relationship. An example of an excerpt located under the classification of composition which had fifteen incidences was, "The parents tried being attentive to their two daughters but (patient) would take advantage of this."

Educational System.---This factor is defined as the social organization directed toward the realization of the socially accepted values by means of training in knowledge, attitudes, and general and specialized skills.

| <u>Classification</u> | <u>Incidence</u> |
|-------------------------------------|------------------|
| Attitudes toward learning | 11 |
| Level of achievement and adjustment | 15 |
| School administrative actions | 3 |
| Total | 29 |

Fifteen factors were found under the classification, level of achievement and adjustment. This factor gives some indication of the individual's integrity, maturity and values. The agency was interested

¹⁴John W. Bennett and Melvin M. Furman, Social Life (New York: Association Press, 1948), pp. 668-671.

in ascertaining from the individual the highest grade he achieved, school adjustment, his academic functioning, chronological age upon leaving school, and the reason for terminating his studies. The literature indicates that tension,

frustrations, and gratifications are all involved in learning. Learning is an active process even when the academic material to be learned is strictly symbiotic. The motivation of the student, his previous experience of success and failure all influence his future effectiveness.¹⁵

An example of data classified under level of achievement and adjustment was, "My brother is working on his Ph.D. in psychology."

Peer Group.---This factor is defined as a group whose members have similar characteristics as to age, sex, etc. e.g., friendship groups, cliques, gangs.

| <u>Classification</u> | <u>Incidence</u> |
|----------------------------------|------------------|
| Type (structured - unstructured) | 11 |
| Interactional patterns | 15 |
| Total | 26 |

Fifteen excerpts were found under the classification interactional patterns. It seems apparent that the agency was interested in the individual's ability to function within a group setting. If an individual was to be accepted for residential treatment, much thought was given by the agency as to whether the individual would be able to adjust to a group setting. If not, the agency devised other plans to meet the individual's needs.

Martin et. al., state that peer groups provide models, identity, support and social sensitivity along with consciousness of others and group expectations which serve to influence a person's ability to get along with age mates,

¹⁵Louis S. Levine, op. cit., p. 212.

develop sensitivity to values, acquire appropriate social attitudes, roles and personal independence.¹⁶

An example of an excerpt classified under peer group was, "He gets along well with his friends at school."

Ethnic Group.--This is defined as a group of who people who have a distinct culture or racial heredity or both; a group which is normally endogenous, membership being based on biological or cultural characteristics and traditions.

| <u>Classification</u> | <u>Incidence</u> |
|----------------------------------|------------------|
| Biological characteristics | 14 |
| Socially imposed characteristics | 4 |
| Interpersonal patterns | 2 |
| Total | 20 |

Fourteen excerpts were found under the classification biological characteristics. As a research and training institution the agency was interested in the various etiologies of ethnic groups in determining the criteria between race and mental illness. In establishing a client-worker relationship the social worker should know something of the individual's "cultural or racial heredity or both." It is also necessary for the worker to have self-awareness.

...in practical considerations the narrow field of therapeutic action is the interviewing room in which the worker and client communicate. Yet beyond this is the total clinic setting and its explicit and implicit meaning to both worker and client. Still larger are the social, cultural, economic, and ethnic environments of the past and present of both persons. All of these extensions have important influences on the behavior of worker and client as they relate to each other, and all influence the type, degree, and success of their communications,¹⁷ which has a

¹⁶William E. Martin and Celic Burns Stenden, Child Behavior and Development, (New York: Columbia University Press, 1959), p. 377.

¹⁷Roy R. Grinker, Sr. et. al., Psychiatric Social Work: A Transactional Case Book (New York: Basic Books, Inc., 1961), p. 7.

direct relationship to the success or failure of treatment. An example of data under biological characteristics was, "Mr. S. has large hands which he says is a characteristic of his family."

Class.---This is defined as a horizontal social group organized as a stratified hierarchy of relationship.

| <u>Classification</u> | <u>Incidence</u> |
|------------------------|------------------|
| Stratification status | 14 |
| Behavioral indications | 8 |
| Total | 22 |

Fourteen excerpts were found under the classification of stratification status. The literature indicates that "the most frequently used indicators of one's class status in the stratification system are occupation, education, income."¹⁸ It would appear that the agency uses indications of status as a premise of determining class. An example of an excerpt found under stratification status was, "Mrs. W. is the middle child of five girls in a wealthy Main Line family."

Territorial Group.---This is defined as a locality group which had developed sufficient social organization and cultural unity to be considered a regional community.

| <u>Classification</u> | <u>Incidence</u> |
|-----------------------|------------------|
| Designation of area | 7 |
| Behavioral indication | 1 |
| Total | 8 |

The total rate of incidents found for territorial group was very low. Seven excerpts were found under designation of area. This would seem to indicate that the agency placed little emphasis upon the area

¹⁸Kimball Young and Raymond W. Mack, Sociology and Social Life (New York: American Book Company, 1959), p. 181.

from which the individual come. The researcher does not believe that the agency ignored the latter. Indeed an adequate assessment of one's behavior is influenced by his territorial group with its folkways and mores. In Gittler's discussion of the meaning of community and community types he makes reference to territory as an attribute of a community.... [in a community] the people are territorially oriented they reside in a given locale or area in which they trade; their children go to school there and they participate in the social institutions of the prescribed area.¹⁹ An example of an excerpt found under territorial group was, "The family live in the Tioga section of North Philadelphia."

Economic System.--This is a system concerned with the creation and distribution of valued goods and services, e.g., employment and occupation.

| <u>Classification</u> | <u>Incidence</u> |
|------------------------|------------------|
| Status of employment | 9 |
| Financial status | 10 |
| Behavioral indications | 9 |
| Total | 28 |

There was no wide variance in the number of excerpts found for these three factors. Ten excerpts were found under financial status and nine excerpts each were found under status of employment and behavioral indications. It is believed however that the agency's major concern was with the factor status of employment. If an individual is able to maintain employment the agency is then able to assess the individual's economic functioning. It is said that:

Occupation serves as a link that holds individuals to the social order. It joins each individual to many others in three ways: technologically--through the specific manual

¹⁹Joseph B. Gittler, Social Dynamics Principles and Cases in Introductory Sociology (New York: McGraw-Hill Book Company, Inc., 1952), p. 101.

and mental operations implied in the execution of work; economically--by the income yield of an occupation which provides a livelihood; and socially--through the prestige attached to the occupation in accordance with the mores of the community.²⁰

An example of an excerpt found under economic system was, "Mr. L. makes \$12,500 per year."

Governmental System---This is defined as the organization of power for the control of a state, community or common interest; the form of administration by which a community is controlled, governmental units, e.g., courts, police, various forms of government and political parties.

| <u>Classification</u> | <u>Incidence</u> |
|-----------------------|------------------|
| Units | 0 |
| Political ideology | 0 |
| Behavior indications | 3 |
| Total | 3 |

The data found under these factors were significantly low. Only three excerpts were found under behavior indication. It seems that the agency placed little importance upon governmental system as a factor of assessment. The literature indicates that the United States Government participates in many activities of which affect the behavior of its citizens in some manner. Among these activities...would be foreign policy, national defense, the provision of welfare services and enforcement of the criminal law.²¹ An example of an excerpt found under the factor behavior indications was, "Mother took her first husband to court for non-support directly after which he disappeared."

Religious System---The system which is concerned with symbols,

²⁰ Alfred McClung Lee, op. cit., p. 75.

²¹ Harry M. Johnson, Sociology (New York: The MacMillan Company, 1960), p. 320.

doctrines, beliefs, attitudes, behavior patterns and systems of ideas about man, the universe, and divine objects, and which is usually organized through association.

| <u>Classification</u> | <u>Incidence</u> |
|---------------------------|------------------|
| Membership or affiliation | 7 |
| Expression of beliefs | 7 |
| Behavioral indications | 7 |
| Total | 21 |

Data concerning the religious system was found equally distributed within the agency's clinical records. This would seem to indicate that the agency placed no specific emphasis on any one factor, but considered all three factors in assessing the individual's social functioning. The individual's mores and morals will be influenced by his precepts of religion and will affect the individual's behavior within his environmental group. An excerpt typical of religious system was, "The family is Protestant."

CHAPTER IV

Tabulations and Analysis of Data

The purpose of this chapter is to interpret the schedules contents according to the following eight items: incidence of data; person discussed; location; stage in contact; origin; source; breadth; interpretation. Each item will be described and portrayed by tables that have been divided under personality and socio-cultural factors.

Incidence of Data

This table indicates the total number of excerpts found on the ten schedules pertaining to each factor; no one factor could have more than three excerpts. Personality factors had the highest number of excerpts, 282. Socio-cultural factors had a total of 260 excerpts, both factors giving a grand total of 542. Thus, it appears that the agency placed more emphasis upon the individual's personality factors in assessing social functioning than they did upon the socio-cultural factors. Thirty excerpts were found under the personality factor, identifiable patterns for reacting to stress. Each schedule contained three excerpts. The lowest number of excerpts was twenty-five, which was found under activity patterns and norms. Six schedules contained three excerpts each, three schedules contained two excerpts each and one schedule contained only one excerpt. Under socio-cultural factors, governmental system was found to have the lowest number of excerpts, and that number was three. Eight

TABLE I
INCIDENCE OF DATA

| Factors | Schedules with Data | | | | Schedules with no Data |
|--|---------------------|-----|-----|-------|------------------------------|
| | Total Incidence | One | Two | Three | |
| <u>Personality</u> | | | | | |
| Innate or Genetic Potential | | | | | |
| Intellectual Potential | 28 | 0 | 2 | 8 | 0 |
| Basic Thrusts, drives, instincts | 29 | 0 | 1 | 9 | 0 |
| Physical Potential | 29 | 0 | 1 | 9 | 0 |
| Physiological functioning | 29 | 0 | 1 | 9 | 0 |
| Ego Functioning | | | | | |
| Identifiable patterns for reacting to stress | 30 | 0 | 0 | 10 | 0 |
| Internal organization of personality | 28 | 0 | 2 | 8 | 0 |
| Degree of Maturity | 29 | 0 | 1 | 9 | 0 |
| Self-Image | 28 | 0 | 2 | 8 | 0 |
| Patterns of Interpersonal Relationships | 27 | 0 | 3 | 7 | 0 |
| Internalization of culturally derived beliefs, values activity-patterns and norms | 25 | 1 | 3 | 6 | 0 |
| Sub-totals | 282 | 1 | 16 | 83 | 0 |

TABLE 1 -- Continued

| Factors | Schedules with Data | | | | Schedules with no Data |
|-------------------------------|---------------------|-----|-----|-------|------------------------|
| | Total Incidence | One | Two | Three | |
| <u>Socio-Cultural</u> | | | | | |
| Cultural Derivations | | | | | |
| Beliefs | 24 | 2 | 2 | 6 | 0 |
| Values | 25 | 0 | 5 | 5 | 0 |
| Activity Patterns | 25 | 1 | 3 | 6 | 0 |
| Social Structure and Dynamics | | | | | |
| Family | 29 | 0 | 1 | 9 | 0 |
| Educational system | 29 | 1 | 1 | 8 | 0 |
| Peer group | 26 | 0 | 4 | 6 | 0 |
| Ethnic group | 20 | 4 | 2 | 4 | 0 |
| Class | 22 | 3 | 2 | 5 | 0 |
| Territorial group | 8 | 6 | 1 | 0 | 3 |
| Economic system | 28 | 0 | 2 | 8 | 0 |
| Governmental system | 3 | 1 | 1 | 0 | 8 |
| Religious system | 21 | 2 | 2 | 5 | 1 |
| Sub-totals | 260 | 20 | 26 | 62 | 12 |
| Grand totals | 542 | 21 | 42 | 145 | 12 |

schedules contained no data, one schedule contained two excerpts and one schedule contained only one excerpt. Family and educational system were the two highest factors with twenty-nine excerpts each.

Person Discussed

In setting up the table for person discussed, three categories were utilized, client, mother and father. The researcher did not feel that it was necessary to enact categories for other persons discussed since the agency focus is primarily upon the child and the parents. Of the 282 excerpts located under personality factors, 235 denoted that the person discussed was the patient. Father was the person discussed in thirty-two instances and mother in only fifteen instances. Similarly, under the socio-cultural factors the patient was the most discussed in 144 excerpts. Father followed with seventy individual excerpts and mother with forty-six individual excerpts.

Location of Data

Five categories were designated in the table location of data, face sheet, narratives, summary, staffing and correspondence. The highest number of excerpts, 169 were extracted from the narrative record. The lowest number of three excerpts was found in the correspondence section of the clinical record followed by eighteen excerpts from the face sheets. Under the socio-cultural factors, 331 excerpts were found in the narrative records. The clinical summaries were the next highest source of accessible data for both personal and socio-cultural factors. Obviously the researcher found the narrative record to contain the necessary information to complete the schedules for this study. Implied in this finding is the hypothesis that most of the information concerning a case is to be found in the agency's narrative record.

TABLE 2
PERSON DISCUSSED

| Factors | Number of Excerpts | | | | Schedules with no Data |
|--|--------------------|---------|--------|--------|------------------------|
| | Total | Patient | Mother | Father | |
| <u>Personality</u> | | | | | |
| Innate or Genetic Potential | | | | | |
| Intellectual Potential | 28 | 25 | 3 | 0 | 0 |
| Basic thrust, drives, instincts | 29 | 29 | 0 | 0 | 0 |
| Physical Potential | 29 | 27 | 2 | 0 | 0 |
| Physiological functioning | 29 | 26 | 1 | 2 | 0 |
| Ego Functioning | | | | | |
| Identifiable patterns for reacting to stress | 30 | 29 | 1 | 0 | 0 |
| Internal organization of personality | 28 | 27 | 0 | 1 | 0 |
| Degree of Maturity | 29 | 23 | 0 | 6 | 0 |
| Self-Image | 28 | 21 | 3 | 4 | 0 |
| Patterns of Interpersonal Relationships | 27 | 21 | 0 | 6 | 0 |
| Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 7 | 5 | 13 | 0 |
| Sub-totals | 282 | 235 | 15 | 32 | 0 |

TABLE 2 -- Continued

| Factors | Number of Excerpts | | | | Schedules with no Data |
|-------------------------------|--------------------|---------|--------|--------|------------------------------|
| | Total | Patient | Mother | Father | |
| <u>Socio-Cultural</u> | | | | | |
| Cultural Derivations | | | | | |
| Beliefs | 24 | 7 | 9 | 8 | 0 |
| Values | 24 | 10 | 4 | 11 | 0 |
| Activity Patterns | 25 | 14 | 3 | 8 | 0 |
| Social Structure and Dynamics | | | | | |
| Family | 29 | 17 | 3 | 9 | 0 |
| Educational system | 29 | 17 | 6 | 6 | 0 |
| Peer Group | 26 | 23 | 3 | 0 | 0 |
| Ethnic Group | 20 | 12 | 5 | 3 | 0 |
| Class | 22 | 15 | 3 | 4 | 0 |
| Territorial Group | 8 | 6 | 1 | 1 | 3 |
| Economic system | 28 | 9 | 5 | 14 | 0 |
| Governmental system | 3 | 1 | 2 | 0 | 8 |
| Religious system | 21 | 13 | 2 | 6 | 1 |
| Sub-totals | 260 | 144 | 46 | 70 | 12 |
| Grand totals | 542 | 379 | 61 | 102 | 12 |

TABLE 3
LOCATION OF DATA

| Factors | Number of Excerpts | | | | | Schedules | |
|--|--------------------|------------|------------|---------|----------|----------------|--------------|
| | Total Incidence | Face Sheet | Narratives | Summary | Staffing | Correspondence | with no Data |
| <u>Personality</u> | | | | | | | |
| Innate or Genetic Potential | | | | | | | |
| Intellectual Potential | 28 | 3 | 21 | 3 | 1 | 0 | 0 |
| Basic thrusts, drives, instincts | 29 | 1 | 15 | 8 | 5 | 0 | 0 |
| Physical Potential | 29 | 3 | 18 | 2 | 5 | 1 | 1 |
| Physiological functioning | 29 | 2 | 14 | 8 | 4 | 1 | 0 |
| Ego Functioning | | | | | | | |
| Identifiable patterns for reacting to stress | 30 | 1 | 21 | 7 | 1 | 0 | 0 |
| Internal organization of Personality | 28 | 3 | 11 | 8 | 6 | 0 | 0 |
| Degree of Maturity | 29 | 3 | 21 | 3 | 2 | 0 | 0 |
| Self-Image | 28 | 2 | 18 | 7 | 1 | 0 | 0 |
| Patterns of Interpersonal Relationships | 27 | 0 | 18 | 4 | 4 | 1 | 0 |
| Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 0 | 12 | 5 | 8 | 0 | 0 |
| Sub-totals | 282 | 18 | 169 | 55 | 37 | 3 | 0 |

TABLE 3 -- Continued

| Factors | Number of Excerpts | | | | | Schedules | |
|-------------------------------|--------------------|------------|------------|---------|----------|---------------------|-----------------|
| | Total Incidence | Face Sheet | Narratives | Summary | Staffing | Correspon- dence | with no Data |
| <u>Socio-Cultural</u> | | | | | | | |
| Cultural Derivations | | | | | | | |
| Beliefs | 24 | 2 | 18 | 0 | 4 | 0 | 0 |
| Values | 25 | 0 | 16 | 7 | 2 | 0 | 0 |
| Activity Patterns | 25 | 1 | 18 | 4 | 2 | 0 | 0 |
| Social Structure and Dynamics | | | | | | | |
| 5 Family | 29 | 0 | 11 | 8 | 9 | 1 | 0 |
| Educational system | 29 | 2 | 17 | 3 | 7 | 0 | 0 |
| Peer group | 26 | 2 | 14 | 5 | 5 | 0 | 0 |
| Ethnic group | 20 | 4 | 13 | 1 | 1 | 1 | 0 |
| Class | 22 | 0 | 9 | 6 | 7 | 0 | 0 |
| Territorial group | 8 | 0 | 8 | 0 | 0 | 0 | 3 |
| Economic system | 28 | 3 | 22 | 1 | 2 | 0 | 0 |
| Governmental system | 3 | 0 | 3 | 0 | 0 | 0 | 8 |
| Religious system | 21 | 2 | 13 | 3 | 2 | 1 | 1 |
| Sub-totals | 260 | 16 | 162 | 38 | 41 | 3 | 12 |

Stage of Contact

Five categories were utilized for the table, stage in contact. Referral application and intake is considered, for the purpose of this study, to be early in the agency contact. Treatment and closing is considered late in the agency contact. Under personality factors, ninety-three excerpts were found classified under the intake process. The next highest incidence of seventy was found under the classification, referral. Closing was found to have the least number of excerpts, twelve. For the socio-cultural factors, intake was again found to excel with a 190 excerpts and was followed by application with 135 excerpts. It appears that the agency does the majority of its assessing during intake and the early part of the agency's contact with the individual.

Origin of Data

Three categories were devised for the table, origin of data, social worker in own agency, social worker in other agency, and psychologist in own agency. Under personality factors 204 excerpts were taken from information acquired by the social worker in the agency where the researcher completed the schedules for this study. Seventy-one excerpts were obtained from social workers from other agencies and seven excerpts were obtained from the psychologist in own agency. Under the socio-cultural factors, 402 excerpts were obtained by the social worker in own agency, 133 excerpts were from social workers in other agencies and seven excerpts were obtained from the psychologist in own agency. The bulk of the information secured for this study was taken from social service data.

Source of Data

Six categories reflect the individuals utilized as the source of

TABLE 4
STAGE IN CONTACT

| Factors | Number of Excerpts | | | | | Schedules with no | |
|--|--------------------|----------|---------------|--------|-----------|-------------------|------|
| | Total Incidence | Referral | Appli- cation | Intake | Treatment | Closing | Data |
| <u>Personality</u> | | | | | | | |
| Innate or Genetic Potential | | | | | | | |
| Intellectual potential | 28 | 9 | 10 | 6 | 3 | 0 | 0 |
| Basic thrusts, drives, instincts | 29 | 3 | 8 | 10 | 4 | 4 | 0 |
| Physical potential | 29 | 5 | 10 | 12 | 2 | 0 | 0 |
| Physiological functioning | 29 | 10 | 1 | 9 | 6 | 3 | 0 |
| Ego Functioning | | | | | | | |
| Identifiable patterns for reacting to stress | 30 | 8 | 5 | 10 | 5 | 2 | 0 |
| Internal organization of personality | 28 | 6 | 3 | 9 | 8 | 2 | 0 |
| Degree of Maturity | 29 | 6 | 10 | 10 | 3 | 0 | 0 |
| Self-Image | 28 | 8 | 5 | 9 | 5 | 1 | 0 |
| Patterns of Interpersonal Relationships | 27 | 11 | 0 | 10 | 6 | 0 | 0 |
| Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 4 | 7 | 8 | 6 | 0 | 0 |
| Sub-totals | 282 | 70 | 59 | 93 | 48 | 12 | 0 |

TABLE 4 -- Continued

| Factors | Number of Excerpts | | | | | | Schedules with no Data |
|-------------------------------|--------------------|----------|------------------|--------|-----------|---------|------------------------------|
| | Total Incidence | Referral | Appli- cation | Intake | Treatment | Closing | |
| <u>Socio-Cultural</u> | | | | | | | |
| Cultural Derivations | | | | | | | |
| Beliefs | 24 | 8 | 8 | 8 | 0 | 0 | 0 |
| Values | 25 | 3 | 5 | 6 | 10 | 1 | 0 |
| Activity Patterns | 25 | 4 | 7 | 10 | 4 | 0 | 0 |
| Social Structure and Dynamics | | | | | | | |
| Family | 29 | 3 | 8 | 8 | 6 | 4 | 0 |
| Educational system | 29 | 3 | 8 | 15 | 3 | 0 | 0 |
| Peer group | 26 | 4 | 4 | 12 | 5 | 1 | 0 |
| Ethnic group | 20 | 14 | 4 | 1 | 1 | 0 | 0 |
| Class | 22 | 0 | 0 | 15 | 5 | 2 | 0 |
| Territorial group | 8 | 0 | 2 | 6 | 0 | 0 | 3 |
| Economic system | 28 | 0 | 20 | 5 | 3 | 0 | 0 |
| Governmental system | 3 | 0 | 0 | 3 | 0 | 0 | 8 |
| Religious | 21 | 0 | 10 | 8 | 3 | 0 | 1 |
| Sub-totals | 260 | 39 | 76 | 97 | 40 | 8 | 12 |
| Grand totals | 542 | 109 | 135 | 190 | 88 | 20 | 12 |

TABLE 5
ORIGIN OF DATA

| Factors | Number of Excerpts | | | | |
|--|--------------------|-----------------------------|-------------------------------|-----------------------------|------------------------|
| | Total Incidence | Social Worker in Own Agency | Social Worker in Other Agency | Psychiatrists in own Agency | Schedules with no Data |
| <u>Personality</u> | | | | | |
| Innate or Genetic Potential | | | | | |
| Intellectual potential | 28 | 19 | 8 | 1 | 0 |
| Basic thrusts, drives, instincts | 29 | 20 | 8 | 1 | 0 |
| Physical potential | 29 | 23 | 6 | 0 | 0 |
| Physiological functioning | 29 | 24 | 5 | 0 | 0 |
| Ego Functioning | | | | | |
| Identifiable patterns for reacting to stress | 30 | 22 | 5 | 3 | 0 |
| Internal organization of personality | 28 | 23 | 5 | 0 | 0 |
| Degree of Maturity | 29 | 19 | 9 | 1 | 0 |
| Self-Image | 28 | 15 | 12 | 1 | 0 |
| Patterns of Interpersonal Relationships | 27 | 23 | 4 | 0 | 0 |
| Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 16 | 9 | 0 | 0 |
| Sub-totals | 282 | 204 | 71 | 7 | 0 |

TABLE 5 -- Continued

| Factors | Number of Excerpts | | | | Schedules with no Data |
|--------------------------------|--------------------|-----------------------------|-------------------------------|-----------------------------|------------------------|
| | Total Incidence | Social Worker in Own Agency | Social Worker in Other Agency | Psychiatrists in Own Agency | |
| <u>Socio-Cultural</u> | | | | | |
| Cultural Derivations | | | | | |
| Beliefs | 24 | 19 | 5 | 0 | 0 |
| Values | 25 | 18 | 7 | 0 | 0 |
| Activity Patterns | 25 | 18 | 7 | 0 | 0 |
| Social Structures and Dynamics | | | | | |
| Family | 29 | 23 | 6 | 0 | 0 |
| Educational system | 29 | 21 | 8 | 0 | 0 |
| Peer group | 26 | 20 | 6 | 0 | 0 |
| Ethnic group | 20 | 16 | 4 | 0 | 0 |
| Class | 22 | 17 | 5 | 0 | 0 |
| Territorial group | 8 | 7 | 1 | 0 | 3 |
| Economic system | 28 | 24 | 4 | 0 | 0 |
| Governmental system | 3 | 1 | 2 | 0 | 8 |
| Religious system | 21 | 14 | 7 | 0 | 1 |
| Sub-totals | 260 | 198 | 62 | 0 | 12 |
| Grand totals | 542 | 402 | 133 | 7 | 12 |

data, patient's mother, patient's father, both parents, social worker in own agency, social worker in other agency and psychologicals. For personality factors the highest number of excerpts classified for patient's mother was seventy-five, for patient's father, twenty-seven. For socio-cultural factors, patient's mother again excels as the source of information with 148 excerpts. The researcher feels that it is significant to mention that under the socio-cultural factors the patient's father renders more than three times as much information as he did under personality factors.

Breadth of Data

Breadth of data denotes the number of sources from which the data was secured. Three categories were employed to classify the data obtained, one source, two sources, and unknown. Under personality factors one source predominated with 249 excerpts, there were thirty-three excerpts classified under two sources. Under socio-cultural factors, 449 excerpts were prevalent under one source and ninety-three excerpts for two sources.

Interpretation of Data

This table interprets whether an excerpt was to be considered datum, interpretation or datum and interpretation. For personality factors, interpretation was found to have 138 excerpts followed by datum with ninety-eight and datum and interpretation with forty-six excerpts. Of the socio-cultural factors the same pattern persisted, interpretation excelled with 268 excerpts, datum 195 and datum and interpretation had seventy-nine excerpts. These findings seem to indicate that the agency places primary emphasis upon the worker's interpretation of the factual data in their assessment of social functioning.

TABLE 6
SOURCE OF DATA

| Factors | Number of Excerpts | | | | | | | Schedules with no Data | |
|-----------------------------|--|------------------|------------------|--------------|-----------------------------|-------------------------------|-----------------|------------------------|---|
| | Total Incidence | Patient's Mother | Patient's Father | Both Parents | Social Worker in Own Agency | Social worker in Other Agency | Psycho-logicals | | |
| <u>Personality</u> | | | | | | | | | |
| Innate or Genetic Potential | | | | | | | | | |
| 59 | Intellectual potential | 28 | 7 | 2 | 4 | 10 | 3 | 2 | 0 |
| | Basic thrusts, drives, instincts | 29 | 10 | 2 | 2 | 9 | 5 | 1 | 0 |
| | Physical potential | 29 | 8 | 1 | 2 | 10 | 8 | 0 | 0 |
| | Physiological functioning | 29 | 8 | 3 | 0 | 9 | 9 | 0 | 0 |
| Ego Functioning | | | | | | | | | |
| | Identifiable patterns for reacting to stress | 30 | 11 | 2 | 0 | 13 | 4 | 0 | 0 |
| | Internal organization of personality | 28 | 4 | 1 | 4 | 15 | 4 | 0 | 0 |
| | Degree of Maturity | 29 | 8 | 2 | 3 | 10 | 5 | 1 | 0 |
| | Self-Image | 28 | 6 | 2 | 4 | 12 | 3 | 1 | 0 |
| | Patterns of Interpersonal Relationships | 27 | 7 | 6 | 0 | 7 | 7 | 0 | 0 |
| | Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 6 | 6 | 0 | 10 | 3 | 0 | 0 |
| Sub-totals | | 282 | 75 | 27 | 19 | 105 | 51 | 5 | 0 |

TABLE 6 — Continued

| Factors | Number of Excerpts | | | | | | | Schedules with no Data |
|----------------------------------|--------------------|------------------|------------------|--------------|-----------------------------|-------------------------------|-----------------|------------------------|
| | Total Incidence | Patient's Mother | Patient's Father | Both Parents | Social Worker in Own Agency | Social Worker in Other Agency | Psycho-logicals | |
| <u>Socio-Cultural</u> | | | | | | | | |
| Cultural Derivations | | | | | | | | |
| Beliefs | 24 | 7 | 7 | 0 | 8 | 2 | 0 | 0 |
| Values | 25 | 10 | 6 | 0 | 6 | 3 | 0 | 0 |
| Activity patterns | 25 | 8 | 4 | 2 | 7 | 4 | 0 | 0 |
| 60 Social Structure and Dynamics | | | | | | | | |
| Family | 29 | 5 | 5 | 8 | 9 | 2 | 0 | 0 |
| Educational system | 29 | 10 | 10 | 0 | 6 | 3 | 0 | 0 |
| Peer group | 26 | 6 | 4 | 3 | 9 | 4 | 0 | 0 |
| Ethnic group | 20 | 6 | 5 | 0 | 9 | 0 | 0 | 0 |
| Class | 22 | 6 | 3 | 0 | 10 | 3 | 0 | 0 |
| Territorial group | 8 | 5 | 2 | 0 | 1 | 0 | 0 | 3 |
| Economic system | 28 | 2 | 9 | 6 | 7 | 4 | 0 | 0 |
| Governmental system | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 8 |
| Religious system | 21 | 8 | 8 | 0 | 5 | 0 | 0 | 1 |
| Sub-totals | 260 | 73 | 66 | 19 | 77 | 25 | 0 | 12 |
| Grand totals | 542 | 148 | 93 | 38 | 182 | 76 | 5 | 12 |

TABLE 7

BREADTH OF DATA

| Factors | Number of Excerpts | | | | Schedules with no Data |
|---|--------------------|---------------|----------------|---------|------------------------------|
| | Total Incidence | One Source | Two Sources | Unknown | |
| <u>Personality</u> | | | | | |
| Innate or Genetic Potential | | | | | |
| Intellectual potential | 28 | 24 | 4 | 0 | 0 |
| Basic thrusts, drives, instincts | 29 | 27 | 2 | 0 | 0 |
| Physical potential | 29 | 27 | 2 | 0 | 0 |
| Physiological functioning | 29 | 27 | 2 | 0 | 0 |
| 19 Ego Functioning | | | | | |
| Identifiable patterns for reacting to stress | 30 | 30 | 0 | 0 | 0 |
| Internal organization of personality | 28 | 24 | 4 | 0 | 0 |
| Degree of Maturity | 29 | 27 | 2 | 0 | 0 |
| Self-Image | 28 | 24 | 4 | 0 | 0 |
| Patterns of Interpersonal Relationships | 27 | 21 | 6 | 0 | 0 |
| Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 18 | 7 | 0 | 0 |
| Sub-totals | 282 | 249 | 33 | 0 | 0 |

TABLE 7 -- Continued

| Factors | Number of Excerpts | | | | Schedules with no Data |
|--------------------------------|--------------------|---------------|----------------|---------|------------------------------|
| | Total Incidence | One Source | Two Sources | Unknown | |
| <u>Socio-Cultural</u> | | | | | |
| Cultural Derivations | | | | | |
| Beliefs | 24 | 18 | 6 | 0 | 0 |
| Values | 25 | 15 | 10 | 0 | 0 |
| Activity-patterns | 25 | 18 | 7 | 0 | 0 |
| Social Structures and Dynamics | | | | | |
| Family | 29 | 27 | 2 | 0 | 0 |
| Educational system | 29 | 27 | 2 | 0 | 0 |
| Peer group | 26 | 18 | 8 | 0 | 0 |
| Ethnic group | 20 | 12 | 8 | 0 | 0 |
| Class | 22 | 15 | 7 | 0 | 0 |
| Territorial group | 8 | 8 | 0 | 0 | 3 |
| Economic system | 28 | 24 | 4 | 0 | 0 |
| Governmental system | 3 | 3 | 0 | 0 | 8 |
| Religious system | 21 | 15 | 6 | 0 | 1 |
| Sub-totals | 260 | 200 | 60 | 0 | 12 |
| Grand totals | 542 | 449 | 93 | 0 | 12 |

TABLE 8
INTERPRETATION OF DATA

| Factors | Number of Excerpts | | | | Schedules with no Data |
|--|--------------------|-------|---------------------|--------------------------|------------------------|
| | Total Incidence | Datum | Interpre- tation | Datum and Interpretation | |
| <u>Personality</u> | | | | | |
| Innate or Genetic Potential | | | | | |
| Intellectual potential | 28 | 12 | 12 | 4 | 0 |
| Basic thrusts, drives, instincts | 29 | 10 | 17 | 2 | 0 |
| Physical potential | 29 | 14 | 13 | 2 | 0 |
| Physiological functioning | 29 | 9 | 12 | 8 | 0 |
| Ego Functioning | | | | | |
| Identifiable patterns for reacting to stress | 30 | 14 | 10 | 6 | 0 |
| Internal organization of personality | 28 | 5 | 16 | 7 | 0 |
| Degree of Maturity | 29 | 15 | 14 | 0 | 0 |
| Self-Image | 28 | 5 | 20 | 3 | 0 |
| Patterns of Interpersonal Relationships | 27 | 11 | 10 | 6 | 0 |
| Internalization of culturally derived beliefs, values, activity-patterns and norms | 25 | 3 | 14 | 8 | 0 |
| Sub-totals | 282 | 98 | 138 | 46 | 0 |

TABLE 8 -- Continued

| Factors | Number of Excerpts | | | | Schedules with no Data |
|-------------------------------|--------------------|-------|---------------------|-----------------------------|------------------------------|
| | Total Incidence | Datum | Interpre- tation | Datum and Interpretation | |
| <u>Socio-Cultural</u> | | | | | |
| Cultural Derivations | | | | | |
| Beliefs | 24 | 4 | 16 | 4 | 0 |
| Values | 25 | 0 | 16 | 9 | 0 |
| Activity Patterns | 25 | 7 | 15 | 3 | 0 |
| Social Structure and Dynamics | | | | | |
| Family | 29 | 11 | 15 | 3 | 0 |
| Educational system | 29 | 6 | 21 | 2 | 0 |
| Peer group | 26 | 8 | 13 | 5 | 0 |
| Ethnic group | 20 | 15 | 5 | 0 | 0 |
| Class | 22 | 15 | 6 | 1 | 0 |
| Territorial group | 8 | 6 | 1 | 0 | 3 |
| Economic system | 28 | 16 | 12 | 0 | 0 |
| Governmental system | 3 | 0 | 2 | 1 | 8 |
| Religious system | 21 | 9 | 8 | 4 | 1 |
| Sub-totals | 260 | 97 | 130 | 33 | 12 |
| Grand totals | 542 | 195 | 268 | 79 | 12 |

CHAPTER V

Summary and Conclusions

This is the third of two succeeding studies to have been developed and implemented by social work students of the Atlanta University, School of Social Work, class of 1964. This study was designed to test the model for the assessment of social functioning. The assessment model was initially prepared by the Human Growth and Behavior and Research Committees of the Atlanta University, School of Social Work, Atlanta, Georgia.

For the purpose of this study, assessment is defined as the identification and evaluation of those socio-cultural and individual factors in role performance which make for adequate social functioning as well as for social dysfunctioning.

In social work, there are many terms employed which include components of assessment and elements of assessment are used by each of the three social work methods. Formerly social workers associated with each method examined their practice within that method. Now, we as practitioners are being asked to do the examination more broadly within a social work frame of reference. This means looking at social work from a fuller perspective, broader objectivity and with a new criteria for analysis. It encompasses inquiring of ourselves what the nature of this particular practice is and how it relates to a comprehensive concept of social work practice? These questions reflect the need for a model to be devised as a frame of reference to explore which factors should be included or ex-

cluded in discerning an adequate assessment of social functioning. This model will provide a conceptual scheme, a structure, for the three social work methods. It will contribute to a better understanding and acceptance of the common elements and to the basic components in the professional practice of social work.

This study was a social work project, therefore, the data collected was extracted from agency records which dealt with the rendering of social service. The researcher studied records that had been closed within a one year span (June 1, 1962, through May 31, 1963), at the Children's Unit of the Eastern Pennsylvania Psychiatric Institute, Philadelphia, Pennsylvania, where this student was placed for his second year advanced field work. The study was executed to determine to what extent the agency's mode of assessment adhered to that being tested by the assessment model.

Results

This study disclosed that the incidence of personality factors surpassed the incidence of socio-cultural factors by a rather large variance of twenty-two incidences. There was a total of 282 acceptable excerpts for personality factors and 260 total excerpts for the factor socio-cultural. The grand total for both factors was 542. This finding implies that the social worker in the agency places greater emphasis upon the personality factors in assessing social functioning as opposed to the socio-cultural factors. This may be partially explained by the fact that the social worker usually obtains the developmental history early in the agency's contact with the patient. The socio-cultural factors are also obtained by the social worker; however, these factors are usually revealed during the treatment process which is later in the agency's contact with

the individual. It is significant to again note that four cases out of the ten selected for this study had been referred to the agency for diagnostic evaluations only. These cases were not discarded since there was a considerable amount of social service involvement during the process of referral, intake, application, correspondence and closing. It is recognized, however, that since these cases did not move into treatment, information regarding the individual's socio-cultural aspects may have been sparse. The fact remains that the Institute was a diagnostic and research center, therefore, cases accepted for evaluative studies would have to be included as a medium of the agency's criteria for assessing social functioning. The study seems to indicate that the social worker in the agency placed the greatest emphasis in assessing the individual's "identifiable patterns for reacting to stress," for it was only this factor that had thirty incidences and remained relatively high throughout the eight tables.

Of the ten schedules selected to complete this study not one could be completed with three excerpts for each factor. Thirty excerpts were found for the incidence, "Ego Functioning (identifiable patterns for reacting to stress)". The lowest incidence of excerpts was found for the factors, governmental system, territorial group, ethnic group, religious system, class, and beliefs. Respectively the incidence quota for each was, three, eight, twenty, twenty-one, twenty-two, and twenty-four. For the remaining factors the incidence continued as follows: three incidence with twenty-five excerpts, one with twenty-six, one with twenty-seven, four with twenty-eight and six with twenty-nine.

In conclusion, the researcher as a result of this study, contends that the factors and criteria utilized by the social workers of the

agency in their assessment of social functioning, corresponds significantly with the factors designed to test the assessment model for adequate social functioning and social dysfunctioning.

APPENDIXES

ASSESSMENT* OF SOCIAL FUNCTIONING: TENTATIVE MODEL

20

*Assessment: the identification and evaluation of those socio-cultural and individual factors in role performance which make for social dysfunction as well as adequate social functioning.

APPENDIX B

ASSESSMENT SCHEDULE

Identifying Information

Name of Agency: _____ Name of Student: _____

Social Work Method and
Field of Practice: _____ Date Schedule Completed: _____

Agency Staff Member: _____

Case

Code number of record: _____

Client's sex: _____

| Dates of case duration and client's age: | <u>Date</u> | <u>Age</u> | | <u>Date</u> | <u>Age</u> |
|---|-------------|------------|--|-------------|------------|
| | Opened | _____ | | Closed | _____ |
| | Opened | _____ | | Closed | _____ |
| | Opened | _____ | | Closed | _____ |
| | Opened | _____ | | Closed | _____ |
| | Opened | _____ | | Closed | _____ |
| | Opened | _____ | | Closed | _____ |

(Place asterisk (*) before the period(s) used in this schedule.)

Nature of the Problem: _____

| | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|--|---------------------------------|------------------|----------|------------------|--------|--------|---------|-----------------|--|
| | Incidence | Person Discussed | Location | Stage in Contact | Origin | Source | Breadth | Inter-pretation | |
| <u>Personality Factors</u> A. Innate or Genetic Potential | 1. Intellectual Potential 1) | | | | | | | | |
| | | | | | | | | | |
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